

GENES, Esq. Assistant Surgeon, Madras Service, was read at the Society's meeting on the 4th Feb. 1832, containing the statement of a case in which the madar had proved remarkably successful in the cure of an obstinate ulcer. The patient was a Sipahee, of an Infantry Corps, who appeared to be of a serofulous diathesis. The disease had existed for a year, and the patient had been at Masulipatam six months, to try the effects of change of air, before he came under Mr. Geddes' care. All former treatment had failed. The ulcer was of an unhealthy appearance: situated on the upper and outer part of the left hip, extending from the trochanter major, over the situation of the gluteus maximus muscle, in a circular form, being in circumference upwards of sixteen inches. The madar was administered in pills, in the dose of four grains, three times a day. By the time that a drachm and a half of the medicine had been taken, the sore assumed a healthy aspect, and began to cicatrize. After a few days there appeared some disposition at the upper part (where cicatrization had taken place) to ulcerate again. The madar was continued until another drachm was taken, and the sore was completely cured. The medicine did not appear to produce any effect on the constitution, except causing the sore to heal. No other remedy, either external or internal, was used at the same time with the madar, except a little simple ointment, which was spread over the surface, to prevent abrasions of the newly-formed skin; and a purgative was occasionally administered, so that the efficacy of the remedy was unquestionable.

A letter from Dr. H. Mackenzie was read at the Society's meeting, on the 3d of December, 1831, relating the case of a native boy, of Sandoway, aged 13 years, who had been ill about twelve months with inveterate ulcers. The bones of the left forearm were bare and in a state of caries; there were numerous ulcers affording a very profuse discharge, and sinuses about the forearm and elbow; the patient was miserably reduced, and unable to stand; he had tried all the ordinary resources of the district without benefit. The malar powder was given twice daily, at first in doses of two grains, and afterwards gradually increased to five grains, twice a day; in which quantity it produced uneasiness and a disturbed state of the bowels; therefore the dose was reduced to three grains. The beneficial effects of this medicine were very evident in a few days: at the end of a week the boy's health was decidedly improved, and the profuse discharges from the ulcers had decreased; the decayed portions of bone were then extracted. At the end of five weeks from the time he began to take the madar, all the sores had healed, and the boy was able to walk about. Dr. Mackenzie ascribes the early improvement of this boy's health, and his ultimate recovery, to the "restorative and invigorating properties of small doses of madar; which remedy was left to produce its individual effects, without the exhibition of any other medicine, capable of modifying them in any degree."—*Transactions of the Medical and Physical Society of Calcutta, Vol. VI.*

## SURGERY.

SS. *Extirpation of a Necrosed Clavicle, followed by complete Reproduction of the Bone.* By DR. MEYER, Surgeon to the Hospital of Zurich.—Cases in which complete reproduction of the bone follows the excision of a diseased clavicle, are of extremely rare occurrence. Windmann mentions but one instance of the kind, Meyer two, and Mott one. The following observation is therefore important.

G. Menne, at 31, of a feeble constitution, had been subject from infancy to serofulous ulcerations of the neck. In June, 1823, he was seized with violent pains, resembling the rheumatic in the right arm, for which he was treated by several physicians, but without any relief being obtained. The pain continued to increase; and finally, whilst on a visit to the baths of Baden, a tumour formed in the right axilla, which opened of its own accord, and from which an acrid,

ichorous fluid was discharged. General debility now supervened; his appetite disappeared; in short, all the symptoms of hectic developed themselves, and he was received into the Hospital of Zurich in the following condition, on the 8th of October, 1823. Great emaciation; feeble appetite; sleep imperfect, and frequently interrupted by violent cough, and hectic fever. An ill-conditioned ulcer existed opposite the acromial extremity of the clavicle, which bone was in part denuded. The probe penetrated readily about an inch along the upper face of the clavicle, which was found rough and uneven to the touch. In the centre of the sternum there existed a fistulous orifice, through which a probe might be passed from below upwards about an inch; the bone however was in a sound condition. Finally, a fluctuating tumour was discovered between the eye-brows. For fourteen days tonic remedies internally administered, accompanied at the same time by frictions, with volatile liniments, were prescribed. The ulcer was dressed with charpie soaked in tinct. of myrrh, and the bone moved daily with the forceps. The forces of the patient by these means improved; his appetite and sleep returned; the fever became less intense; the cough not so harassing; in short, he was so much improved, that I ventured to lay bare, by an incision, the acromial extremity of the clavicle, and extract a small portion of it with the forceps. By this means the acromial extremity was more completely exposed, and an attentive examination showed that the bone was denuded as far as its centre. About the fifteenth day the bone seemed to be a little looser, though it appeared nevertheless to be firmly united with the surrounding soft parts; its sternal extremity was also still strongly held by its capsule. At this time the constitutional symptoms increased in violence so rapidly, that I determined to operate at once.

The patient's arm being drawn forcibly forwards, in order to separate the clavicle as much as possible from the vessels which course along its posterior and inferior surfaces, I proceeded to divide with the bistoury the integuments and muscular fibres covering the anterior and inferior margins of this bone, then drawing it, (the clavicle,) as much as possible forwards, I separated it, partly with the fingers, and partly with the knife, from its connexions behind and above. I next proceeded to open the capsule of the sternal articulation, in doing which, whilst drawing the bone forcibly forward, the latter snapped off near its sternal extremity; the fragment which remained attached to the sternum was however easily separated from its adhesions and extracted. The operation occupied about five minutes, and was accompanied by little or no haemorrhage. The patient already exceedingly feeble, sank into a state of exhaustion, from which however he was recalled by the administration of stimulants, &c. On the third day after the operation, suppuration of a healthy character established itself, and in the course of seven weeks the wound was completely cicatrized. After a time the tumour on the forehead was opened, and the bone found to be in a carious condition. This, however, as well as the fistulous orifice of the sternum, was in a short time cured. By degrees the patient's general health was re-established; the arm resumed its natural position; and in place of the clavicle extracted, a bone of recent formation, having precisely the form of a healthy clavicle, though apparently more delicate than natural, could be distinctly felt occupying the position of the original bone. He could also execute with the arm all the motions of circumduction, and daily employed himself in some manual labour. Up to 1828, the patient was enabled to attend to his affairs; at this period he was attacked with a pulmonary affection that carried him off in a short time.

*Autopsy.*—Between the clavicular socket in the sternum, and the point and superior margin of the acromion, there existed a fibrous, almost cartilaginous ligament, containing several ossified points, upon which rested the inferior surface of the recently-formed clavicle. The space comprised between these two points, and occupied by the ligament just mentioned, was four inches six lines in length. The new bone was three inches ten lines in length, delicate, flattened towards the sternum, and more rounded towards its acromial end.

The sternal extremity was larger and thicker, and united itself to the corresponding sternal facet by a well-marked articulating head. The bone terminated about an inch from the acromion in a thick apophysis, between which and the acromion there extended a broad, thick ligament, containing several ossified spots. The upper border of the clavicle was convex towards the sternum, concave towards acromian, and well-rounded throughout. The inferior margin, on the contrary, was rough and studded with small ossified points, which projected into the ligament below.

The author assigns as the organ of reproduction in this case the periosteum of the old bone, notwithstanding it had also undergone some morbid alteration from the effects of the disease.—*Gaz. Med. de Paris, Sept. 28th, 1833, from Graefe und Walter's Journal.*

*34. Reduction of a Double Luxation of the Inferior Maxillary Bone, thirty-five days after the occurrence of the Accident, effected by a New Method of Treatment. By Dr. STROMEYER.*—The instrument invented by Dr. Stromeyer for this case, resembles very much a pair of strong steel forceps, the branches of which, instead of crossing each other as usual, are united at one end by means of a screw. This is so arranged, that whilst the ends containing the screw are made to approximate, by turning the latter, the other extremities will be separated from each other in proportion to the number of times the screw is turned. These terminate in two oval plates, (one for each branch,) covered with thick leather, which are intended to be placed upon the last molars of the two maxillary bones; when these are made to separate by means of the screw fixed in the other extremities, the bones of course will be forced asunder. The extremity of the screw is attached to the inferior branch of the forceps by means of another, which limits the degree of pressure exerted by the former; so that, should the force applied be found too great, it may be removed instantaneously and completely by merely turning the regulating screw. The following interesting observation will serve to explain the modus operandi of this very ingenious instrument.

*Observation.*—Amolie Elsner d'Elz, domestic, æt. 23, luxated the inferior maxillary bone on both sides in gaping. The accident occurred on the 7th of May, 1819. The physician of the family mistaking the nature of the case, treated her with opiates, frictions, sinapisms, &c. Another physician was called in, who recognised at once the nature of the accident, and attempted the reduction of the dislocation, in which operation he was assisted by three or four others, who had been called in to witness the case. Every attempt, however, failed to produce the desired effect, I now determined to make use of my instrument, with the design of breaking up any adhesions which the condyles might have formed with the surrounding parts, and of overcoming afterwards the resistance of the muscles by fatiguing them. Thirty-five days elapsed since the occurrence of the accident, and the inferior dental arch projected a little more than half an inch beyond the superior; they were, moreover, separated from each other at least an inch. The lips could, notwithstanding, be brought in contact with each other, and her voice had nearly acquired its original distinctness. Mastication alone was but imperfectly performed, the last molar teeth being the only ones engaged in it; deglutition remained unimpaired. The depression before the ears was well marked; and the swelling having entirely disappeared, the condyles could be distinctly felt in their new situation.

The instrument was introduced into the mouth, closed, and in such a manner that the oval plate of the upper branch rested behind the last molar teeth of the superior maxillary bone. The two branches were then separated, by turning the screw, at first rapidly, and then more gradually, in proportion as the resistance increased, resting a few seconds between each rotation of the screw until the pains produced had ceased. The last turn given the screw caused a peculiar cracking noise, as if the adhesions had suddenly given way. As the space between the two branches of the speculum, already equalled three-

quarters of an inch, the least turn of the screw produced the most violent pain; I therefore determined to stop the extension, leaving, however, the instrument in its present condition for some time. The whole time it was in operation was about one-quarter of an hour; I then closed it suddenly by unscrewing the regulating screw, and withdrew it from the mouth as quickly as possible. Dr. Wellhausen, who assisted me, now introduced his thumbs, previously enveloped in a piece of roller, in the mouth, and made use of the ordinary manoeuvre for the reduction of this dislocation, whilst I pressed upon the heads of the condyles to favour their retrocession. The reduction was effected without being accompanied by the sudden or spasmodic closing of the maxillary bones, and owing to the relaxed condition of the muscles, the inferior dental arch still remained a little in advance of the superior; in the course of a few hours, however, a great amelioration in this respect took place, and a few days were sufficient to eradicate every vestige of deformity. The inferior dental arch regained its original position, and the patient recovered the entire use of the lower jaw. No relapse occurred.—*Gazette Médicale de Paris*, Sept. 28th, 1833.

35. *Operation for Strangulated Inguinal Hernia, performed on an Infant eight days old.*—An example of this is recorded by Dr. HETFELDER, in the *Transactions Médicales*, for April, 1833. After the operation the child appeared relieved, but six days afterwards it was suddenly attacked with convulsions, which were succeeded by trismus, and the patient died. On examination, the intestines in the ileo-cæcal region were sphacelated and perforated. The strangulation had existed three days before the operation was performed, the delay during the last twenty-four hours having been caused by the parents.

36. *Ligature of the Subclavian Artery below the Clavicle.*—A young man received a sword-thrust through the folds of the axilla, in a duel. The hemorrhage was checked by compression, and in eight days the wound was nearly healed; but now unfortunately the bleeding returned, and although restrained for the time broke out afresh at different intervals. Professor Blasius of Hallé determined therefore to tie the subclavian artery, below the clavicle. The operation was performed on the 20th day after the accident; and although no particular difficulty was experienced in any of the steps, the patient had been so exhausted by the repeated losses of blood, that he died on the 2d day after. On dissection, the axillary artery and vein were found uninjured; the source of the bleeding had been from the circumflexa humeri posterior, and circumflexa scapulae, the wound having penetrated from behind, through the tendon of the latissimus dorsi, upwards and forwards. The subclavian artery, at the point of the ligature, was well secured.

Dr. B. very correctly condemns in severe terms the early treatment of this case. Why was the artery not laid bare at once, and a thread passed round it? No time should be lost upon such an occasion; the delay of even six, twelve or eighteen hours may be most injurious; for if an inflammatory action, nay an inflammatory tendency be established around the wounded vessel, the risk of secondary hemorrhage is tenfold increased. Dr. B. was called one evening to a young man, who had wounded his hand deeply in the morning; a bungling surgeon, who had seen the patient then, had crammed compresses and other trash into and upon the wound; a certain degree of inflammation had thereby already commenced, when Dr. B. applied the ligature; on the 4th day, the vessel had ulcerated; the bleeding returned; and a second operation was necessary. But should the wound heal partially at first, and the hemorrhage not recur, till the 16th, 18th, or 20th day after the accident, when suppuration had been established for some time, not only are the difficulties of securing the injured vessel greatly increased, but also the chances of ulceration of its ends at the site of the ligature and consequent bleeding. The parts are much changed in their tissue, and are matted together, so that it is often not easy to distinguish between them; and moreover the artery is so glued to its sheath, &c. that it is scarcely possible to

isolate it satisfactorily. Still with all these disadvantages, the tying of the artery is much safer than the employment of any other styptic remedies; our prognosis however cannot be so favorable, as it would have been, after an earlier operation.—*Itust's Magazine*.

37. *On Sanguineous Tumours of the Cranium.*—The most common and least dangerous sort of these bloody swellings is when the blood is effused between the aponeurosis of the occipito-frontalis muscle, and the common integuments.—They are very often observed on the heads of new-born infants, and are no doubt caused by the severe contusion of the cranium, during its expulsion through the pelvis. This is the “*epat succedaneum*” of some German authors. In general, it may be easily discussed under the use of resolvent applications.

The second variety of bloody tumours of the scalp, and which is usually caused by contusions or other external violence, is that which has been described by M. Zeller under the name of *cephalænatomie*. The blood is diffused between the aponeurosis and perieranium. The German and Italian writers have often confounded this variety with the former;—it is only on this supposition, that we can account for their differences of opinion with respect to the danger or not of these bloody swellings, and to the treatment which they have recommended; some advising the knife to be used, others trusting to discutient lotions.

The fluctuation is not so distinct as in the first-mentioned kind, and the blood becomes diffused more readily, so that it does not generally present the appearance of a depression in the centre, and an elevated hardened border round; signs which have sometimes led surgeons to suppose that there was a depressed fracture of the bone, when the effects of the bruise were nothing but an erythematous subcutaneous swelling. In this sort the aponeurusis sometimes form a solid cyst round the extravasated blood. Whenever the perieranium becomes detached from the skull the injury assumes a more grave importance;—we cannot with certainty predict that the bone may not become ultimately necrosed. But this is rare, and authors have no doubt often committed the error of supposing that the blood was in contact with the bones, when the investing membrane of the latter was quite entire and firmly adhering.

M. Velpeau mentions a case of a child, only ten days old, being brought to him for a supposed hernia of the brain.

A soft fluctuating tumour covered the greater part of the left parietal, part of the temporal, and almost the whole of the occipital bone. The dispersion of this swelling was easily effected in the course of a few days. It is quite an unusual occurrence, that the perieranium is detached from the bone in new-born infants, however difficult the delivery may have been, and however large the quantity of blood effused. Sometimes, indeed, when a true *cnecephalocele* does exist, we meet with bloody swellings, which have their seat next to the bone, on others parts of the head;—such cases are very generally fatal.

The third species of swelling is situated deeper than either of the preceding two. Chelius, in his manual of Surgery, published in 1827 at Heidelberg, places it in the diploe of the bones; M. Velpeau thinks that it more frequently begins between the bone and the dura mater, although a case mentioned to him by M. Lauth is more favourable to the other opinion. A man received a blow with a cudgel on the parietal bone; but little notice was taken of it, and in the course of a few days he appeared to have quite recovered. Several months after severe pains were felt in the part diametrically opposite; (are we to understand the parietal bone of the other side?) and it was judged proper to trephine the bone there; but no correct information as to the true nature of the disease was obtained by the operation. After death, a fungoid mass was discovered, of the size of a large walnut, flattened, and, as it were, encysted in the diploe of the bone, where the blow had been received.

M. Velpeau has seen two cases in which blood was effused between the dura mater and bone during accouchement. It is very probable that the blood retained in this situation may undergo certain changes and ultimately give rise to some of the cranial fungoid tumours.—*Journal Hebdomadaire*.

38. *Case of Compound Fracture of the Thigh, in which Amputation was Performed.* By R. N. BURNARD.—The subject of this case was a boy, about 12 years of age, who, by a fall from a tree, had sustained a severe compound fracture of the right thigh, about one and a half or two inches below the trochanters. The accident had happened twenty days previous to his admission into the hospital on the 25th January, 1830, when Mr Burnard saw him for the first time. The whole of the leg at this time was in a state of mortification, the gastrocnemii muscles detached from their superior attachment, and the back of the knee joint exposed; the fleshy part of the thigh below the fracture was in the same state of mortification, with the exception of a small portion on the inside, which alone connected the dead mass to the living. Above the fracture there was a small extension of mortification, but there appeared no disposition for it to spread higher, and nearly the whole of the parts affected could be included in the incisions for forming the flaps. It was immediately determined to amputate the limb at the hip-joint, which was accomplished as follows:—Mr. Burnard having no assistants excepting his native Doctors, commenced by cutting down on the artery immediately where it emerges, from beneath Poupart's ligament. Having secured this by a single ligature, the knife with one stroke was directed through the connecting part in the inside, by which the operator got rid of the embarrassment of the limb, and then grasping the upper portion of the bone, abducted it as strongly as he could with one hand, while with the other, a cat-line was carried along it into the joint and round the head of the bone. The dislocation was easily effected, and the attachment of the muscle severed by carrying the knife round close to the bone; and after its removal two flaps were formed by cutting outwards, and inwards from the original incision made to secure the artery, and as far as possible including all the parts affected with sphacelus or threatened with it. Four small arterial branches required ligatures, but the whole hemorrhage did not exceed three or four ounces, and the flaps were brought together by three sutures, adhesive straps, compress and roller being afterwards applied. The operation and dressing occupied about 20 minutes; the patient bore it with great fortitude, and when returned to his bed appeared but little exhausted. On the evening of the 26th, symptoms of tetanus came on, and pursued the usual course to the destruction of the patient; on the morning of the 28th he expired.—*Trans. of Med. and Phys. Soc. Calcutta, Vol. VI.*

39. *Stricture of the Rectum treated by the Introduction of a Tent, by a New Process.* By M. TANCOU.—That there exists great analogy between stercoral and urinary fistula is not disputed; the following observation is a new proof of the correctness of this opinion. It also shows that the efforts of nature alone, are sometimes adequate to a cure; and that the formation of an artificial anus should be attempted, in all cases of either complete obliteration of the rectum, or of contraction of this gut to such a degree, as to prevent the escape of fecal matter. It moreover proves, that the occurrence of a fistula, or the performance of this operation, are means by which the days of those affected with stricture of the rectum may at least be prolonged, though they may fail in producing a radical cure.

CASE.—*Stricture of the rectum; stercoral fistula caused by a gangrene of the breech; one of the fistulae completely healed; a disposition to a complete cure brought about.*—Madame M. æt. 55, of a strong constitution naturally, and considerable embonpoint, was attacked in 1830 with a violent inflammation of the bowels. She was treated upon the antiphlogistic plan. During convalescence she indulged her appetite too freely, which brought on an attack of indigestion; in consequence of this her restoration to health was slow and imperfect, indeed it seems she never acquired her original sound constitution. In the beginning of 1831 she visited Angoulême, where she delivered herself up entirely to the dictates of her morbid and sensual appetite. In a short time she was seized with a diarrhoea, accompanied by eolic and flatulency. This increased to such an extent that she had as many as forty or fifty evacuations during the twenty-four hours; to

this condition of things was soon added a constant tenesmus, which obliged her to remain almost the whole time upon the close-stool. These symptoms gradually abated, without her pursuing in fact, any method of treatment; that is to say the stools were less frequent, and occasionally she was even constipated, though when this was relieved she would be attacked with violent diarrhoea and severe colic. In this condition she set out on her return to Paris, where she arrived after an extremely fatiguing and hazardous journey in the month of April, 1832; I found her very much changed in appearance, she had completely lost her embonpoint, and was very pale. Her abdomen was also considerably swollen, and she suffered from the most violent colics accompanied with a constant desire to visit the close-stool. Her attempts to evacuate were either entirely nugatry, or followed by a discharge of slimy faecal matter, or of an extremely fetid fluid. She still refused, as formerly, to submit to any regular treatment, particularly to a rigid course of diet. Her symptoms still increasing in violence, I determined to examine the rectum, in doing which I discovered that the anterior portion of this gut, about three or four inches above the sphincter, had undergone considerable contraction; its posterior face appeared to be as yet in a healthy condition. I insisted anew upon her observance of a rigid diet, and prescribed the application of leeches to the breech, with the design of subduing the inflammation, so that a tent might be introduced; but my orders were but partially obeyed. MM. Roux and Majendie were now called in, both of whom confirmed my diagnosis, and recommended a strict attention to the treatment which I had prescribed. Notwithstanding all this, she persevered in indulging her appetite, and could not, or would not allow the tent to remain in the rectum but a few hours at a time, and occasionally passed whole days together without its being introduced at all. The disease still continued to increase, and the cavity of the gut became smaller and smaller. By degrees she became more and more feeble; emaciation increased rapidly; her complexion became straw-coloured; her abdomen remained swollen, and she evidently suffered from a retention of faeces. Enemas brought away nothing; and finally, the stricture of the rectum increased to such a degree that nothing but liquids could pass through it. She also suffered intensely from colics and tenesmus. Such was the condition of the patient in the month of January, 1833. In the month of June following, (all the above-mentioned symptoms having increased in violence,) there appeared on the right buttock a swelling, which in a short time acquired an immense size. It resembled indeed, very much, both in size and shape, a small wash-hand basin. It imparted to the touch a doughy feel, and was neither inflamed nor very sensible when pressed upon. At this period she had no faecal evacuations at all. After a time a slight degree of redness was observed upon the surface of the tumour, together with a sensation resembling that produced by the pressure of a thin dough in the cavity of a sac, which indicated either the existence of deep-seated suppuration, or the effusion of a fluid. Positive fluctuation did not exist. The anxiety, fever, and state of desperation under which the patient at this time laboured; but more particularly the supposition that the tumour was formed by a mass of extravasated faeces, induced me to decide upon making an incision into it; accordingly one three inches in length, and corresponding in direction with the apex of the buttock, was made in its summit. This gave issue to a large quantity of very fetid gas, faecal matter, and a small quantity of pus; these were not encysted or collected in a mass, but seemed to be merely infiltrated. The patient was relieved, though the swelling was not sensibly diminished. On the third day after the operation, there appeared near the fold of the breech and thigh, a small gangrenous spot, which in a short time increased to such an extent, as almost to touch the incisions. Thinking it the better plan to lay open this mass, I continued the first incision downwards for about three inches. The whole was then lightly dressed, after having been previously washed with chloride of lime water. The discharges from the wound were composed of faecal matter, mixed with pus, and a gangrenous sanguis. In a few days a large portion of the interior of the buttock was attacked with gangrene, and a mass of sphaerulated cellular tissue,

nearly equalling in size the two fists, presented itself between the lips of the wound. This was washed in the chlorine solution, and then dusted over with powdered tan-bark and quinine. The edges of the wound were dressed with strips of linen spread with storax. During this treatment, and without doubt by the efforts of nature alone, the gangrene ceased to progress; the margins of the eschar were detached; the inner surface of the buttock sloughed off; and there remained an ulcerated surface more than eight inches in diameter, and deep enough to lodge the doubled fist, which terminated above in a stercoral fistula large enough to allow the ready escape of the faecal matters. All the symptoms produced by the retention of the faeces now ceased; the sleep became again tranquil; the appetite returned; soups and light articles of diet were easily evacuated; the fever diminished; the wound assumed a healthy appearance; granulations sprouted up from all sides; and on the 15th of August the sore had diminished at least a third; its bottom was nearly on a level with the surface of the skin; and to my great astonishment every thing indicated a speedy restoration to health.

About this time a small tumour made its appearance between the sphincter and coccyx, which soon opened; the orifice however was not sufficiently large to allow the faeces to pass readily; I therefore enlarged it. The quantity of faeces that were evacuated through the fistula, (nothing passed through the anus for two months before this time,) now began to diminish; the abdomen, which had returned nearly to its natural state, again became tense; the complexion, which had regained its clear and rosy tint, became again pallid; the colics were more frequent and violent, and she was at length obliged to keep her bed; in short, all the symptoms dependent upon a retention of faeces reappeared. I now enlarged the opening in the last tumour an inch and a half, directing the incision along the coccyx, believing that a division of the sphincter would be attended by no beneficial result. This gave issue to a large quantity of faecal matter and pos, that had collected in this new situation. From this time forward the discharge from the original fistula daily diminished, until at length it ceased entirely, and the wound nearly healed. The injections, which formerly were discharged through several orifices, were now returned through the last incision alone. In a word, the original fistula closed, and the course of the faeces seemed to approach the natural direction. The appetite, spirits, and embonpoint of the patient returned; she is also strong enough to walk in her garden, and every thing leads us to conclude, that although a perfect cure of all her complaints will not be effected, she will at least be left with merely the inconvenience of a stercoral fistula, which will not materially shorten her days. It may even be possible, after the complete cicatrization of the breech, to unite the anus to the remaining fistula, by dividing the barrier which separates the two cavities from each other, provided this barrier is not of too great an extent, and the point of communication between the fistula and cavity of the rectum is attainable with the point of the finger. The patient would then be able, after having suffered from gangrene of the breech, accompanied by several stercoral fistulae, to evacuate her faeces per vias naturales! The manner in which the tent was introduced into the rectum during the period that Madame M. consented to its application, merits perhaps a particular notice. For the first few days it was introduced in the form of a long conical cylinder, the point of which passed through the anus, in order that this point of the tent might suffer the least degree of pressure. But in a short time the rectum, from the combined influence of the disease, and a thickening of its parietes, becoming changed both in its shape and direction, it was found impossible to follow up its sinuosities except with a stilet. It occurred to me, that by mounting the tent in the following manner, its introduction into the stricture would be materially facilitated. I had made a little tube about an inch in length, the superior extremity of which terminated in a sort of neck; its inferior extremity was conical, and opened for the reception of a forked probe about six inches in length. The tent, (mèche,) supported in its middle by the neck of the tube, was so arranged as to cover the latter completely. In order to apply it, I first introduced a

long flexible probe into the rectum, and searched for the stricture. Having found it, I passed up the tent by shoving it along the probe, which being held in the stricture, and its lower extremity passed through the cavity of the cylinder, served as a conductor to the point diseased. By this means the tent was safely lodged beyond the point of stricture, without the operation being attended by fatigue to the patient, and without any portion of the intestine, except the point strictured, being subjected to any distention whatever. The stilet and conductor were then withdrawn, and the tent left in the stricture. The great advantage of this sort of mèche is, that it permits the escape of flatus which sometimes collects in large quantities in these cases, and which is prevented from passing out by the tents usually made use of, which block up completely the cavity of the stricture.—*Gaz. Méd. de Paris*, Sept. 28th, 1833.

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#### MIDWIFERY.

40. *Malposition of the Spinal column rendering Delivery impossible—Cæsarean section—Death.*—Minot, a female, forty years of age, had been pregnant seven times within the last twelve years. Her fifth and sixth pregnancies terminated in abortion within the first three months. The rest had been all more or less difficult, and only one child had been born alive. The application of the forceps had been necessary in each labour; and at the last M. Capuron had been compelled to turn the child and perforate the base of the skull. On the 3d of February last, being pregnant for the eighth time, M. Bello was called upon to see the woman, whom he found in the eighth month of pregnancy, having suffered for seventy-two hours from pains in the loins, exactly similar to those which preceded her other labours. When the patient was uncovered, M. Bello found the abdomen of the woman hanging down completely between the thighs, and covering the knees in such a manner, that the umbilicus, which formed the most inferior point of the tumour, touched the thighs when the patient was in the sitting posture. The anterior, or, rather, inferior, surface of the skin covering the abdomen, which was enormously distended, presented a very intense purple redness, with some crusts and slight ulcerations. At the lower part, on the left side, was noticed the trace of an old large cicatrix, and a little higher, near the median line, an actual loss of substance, of the size of a franc piece, produced by sloughing of the abdominal parietes. The bottom of the escharous ulcer was formed by a smooth, thin, transparent membrane, which was recognised to be the peritoneum. The termination of the former labours, the state of the abdominal parietes, and the extreme deviation of the uterus from its natural position, did not leave any hope of the next delivery being terminated without the assistance of art; and it was readily agreed by four physicians who were present, that something should be done before the labour-pains had further reduced the strength of the patient. The application of the forceps was impracticable, because every attempt made to return the uterus to its natural position, and bring the fetus to the inlet of the pelvis, occasioned the most violent pains, whilst version was judged equally impossible, because the toucher could not discover the os uteri, which seemed more elevated than the fundus. Finally, symphyseotomy, which, besides being little applicable to the peculiar case in question, was excluded by the manner in which the abdomen covered the pelvic arch. The Cæsarean operation was therefore, decided on, and performed on the next day, 4th of February, 1833, by M. Baudelocque. A longitudinal incision of five inches in extent was made along the median line of the bottom of the tumour; the first stroke of the bistoury, although carried to the depth of a line, only exposed the uterus, and the operation was finished in sixteen minutes without the patient complaining of the least pain. The infant, extracted alive, was feeble, and imperfectly developed; it lived only for seventeen hours; a very small quantity of blood was lost during the operation, and a fainting fit by which it was succeeded, was attributed to maternal emotinn. The patient was replaced in bed, and expired fifteen hours after the operation.